



Stoney Creek Animal Hospital Boarding Registration

- Pets must be current on immunizations and be free of parasites.
- Special diets or medications requested by owner will be charged for if not provided by owner.
- Please **DO NOT** leave **valuable** belongings with pets as losses do

sometimes occur. Pets sometimes chew, shred or destroy personal belongings. SCAH is not responsible for damage to belongings left with boarders.

collar/leash _____ kennel carrier _____ bedding _____
 food (supply dry food in pre-packaged baggy portions) toys _____

Special Medication: _____
A daily "medication administering fee" will be charged for pets requiring special treatments or medication

Expected pick-up day & date

Mon Tues Wed Thurs Fri Sat Sun (circle)
Pick-up date _____ A.M. or P.M. pick-up (circle)

It is particularly important for us to know AM or PM pick-up when requesting bathing services. Pets bathed on Sunday AM for Sunday PM pick-up may be slightly damp at pick-up time
NOTE: Pets picked up on Sunday afternoon are charged through Monday AM

Please *remind us* of any **medical problem** we need to be aware of such as **diabetes, heart or kidney failure, seizures, etc**

* Pets with serious medical problems (i.e. diabetes, heart failure) will be charged a **non-optional "Daily Tech/Dr Monitoring"** fee. This **supervised boarding** helps to insure your pet's health.

In case of **EMERGENCY, contact:**

Name _____ Phone _____

If a medical problem is discovered while boarding, do we have your permission to treat as needed?

Yes Treat any problem the Doctor feels is necessary

No Treat only a medical emergency

If you fail to leave us an emergency phone # and do not indicate the above treatment options, we will treat medical problems as needed. Owners are responsible for medical treatment costs.

Consent for services: (Check all desired services; Additional charges apply)

Exam _____	Bath _____
Wellness Blood Profile; Brief or Comp _____	Playtime or Additional Walks _____
Heartworm blood test _____	Apply Monthly flea control _____
Intestinal Parasite Exam (fecal) _____	Nail Trim _____
Feline Leukemia/FIV Blood test _____	Nail Grooming w/ rotary file _____
Vaccines _____	Anal Sacs _____
Other _____	

Owner's signature _____ **Today's Date** _____

Checked in by (receptionist) _____ (technician or assistant) _____